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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Randy P. Stanley

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Group Art Unit: 2771

Serial No.: 09/450,261

Examiner:

Filed: November 29, 1999

For: Automatically Enabling Information
to be Displayed after a Processor-
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Atty. Dkt. No.: INTL-0289-US

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REQUEST FOR CORRECTED OFFICIAL FILING RECEIPT

Assistant Commissioner for Patents
Office of Initial Patent Examination
Customer Service Center
Washington, D.C. 20231



Dear Sir:

Enclosed is a copy of the Official Filing Receipt marked in red to show a correction that is needed. The correction is as follows:

Please correct the inventor's first name to: --RANDY--.

Issuance of a corrected Official Filing Receipt is respectfully requested.

☒ This Request for Corrected Official Filing Receipt is being filed to correct a Patent Office error. No fee is required.

☐ The \$25.00 fee required under 37 C.F.R. § 1.19(h) to correct an Official Filing Receipt due to applicant error: ☐ is enclosed; ☐ is authorized to be charged to Deposit Account No. 20-1504 and this paper is submitted in duplicate.

Respectfully submitted,

Date: 1/17/00

Timothy N. Trop, Reg. No. 28,994
Trop, Pruner, Hu & Miles, P.C.
8554 Katy Freeway, Suite 100
Houston, TX 77024
(713) 468-8880
(713) 468-8883 FAX

I hereby certify under 37 CFR 1.8(a) that this correspondence is being deposited with the United States Postal Service as first class mail with sufficient postage on 1-17-00 and is addressed to the Assistant Commissioner for Patents, Washington, DC 20231.

Sherry Tipton

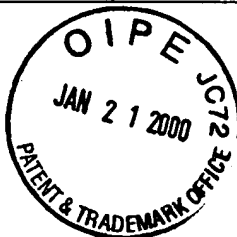
FILING RECEIPT



UNITED STATES DEPARTMENT OF COMMERCE
Patent and Trademark Office
ASSISTANT SECRETARY AND COMMISSIONER
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APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTORNEY DOCKET NO.	DRWGS	TOT CL	IND CL
09/450,261	11/29/99	2771	\$760.00	INTL-0289-US	4	20	3

TIMOTHY N TROP
TROP PRUNER HU & MILES PC
8554 KATY FREEWAY
SUITE 100
HOUSTON TX 77024



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Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts of Application" ("Missing Parts Notice") in this application, please submit any corrections to this Filing Receipt with your reply to the "Missing Parts Notice." When the PTO processes the reply to the "Missing Parts Notice," the PTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

Applicant(s) ~~RAND~~ P. STANLEY, APTOS, CA.

RANDY

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 01/04/00
TITLE

AUTOMATICALLY ENABLING INFORMATION TO BE DISPLAYED AFTER A
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PRELIMINARY CLASS: 707

DATA ENTRY BY: RAWLS, ROXANNE

TEAM: 04 DATE: 01/04/00

(See reverse for new important information)

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SERIAL NUMBER 09/450,261		FILING DATE 11/29/99		CLASS 707		GROUP ART UNIT 2771		ATTORNEY DOCKET NO. INTL-0289-US				
APPLICANT	RANDY P. STANLEY, APTOS, CA.											
	CONTINUING DOMESTIC DATA*** VERIFIED											
	371 (NAT'L STAGE) DATA*** VERIFIED											
	FOREIGN APPLICATIONS*** VERIFIED											
IF REQUIRED, FOREIGN FILING LICENSE GRANTED 01/04/00												
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <u>Examiner's Initials</u> <u>Initials</u>					STATE OR COUNTRY CA		SHEETS DRAWING 4		TOTAL CLAIMS 20		INDEPENDENT CLAIMS 3	
ADDRESS	TIMOTHY N TROP TROP PRUNER HU & MILES PC 8554 KATY FREEWAY SUITE 100 HOUSTON TX 77024											
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FILING FEE RECEIVED \$760		FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:				<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> _____						

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